

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/	/	/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		5		/			56				
7		5		/			57				
8	/		/				58				
9		/		/			59				
10		(5)		/			60				
11		(1)		/			61				
12		(1)		/			62				
13		(1)		/			63				
14		(1)		/			64				
15		(1)		/			65				
16		(1)		/			66				
17		(1)		/			67				
18		(1)		/			68				
19		(1)		/			69				
20		(1)		/			70				
21		(1)		/			71				
22							72				
23							73				
24							74				
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26							76				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			19				TOTAL DEP.				
TOTAL CLAIMS			21				TOTAL CLAIMS				